

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41157

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 215	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence-Rural-Prarie 1 hr		c. LENGTH OF STAY (If this place) 1 hr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs 1480			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emergency Hosp				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Betty Ann Dodson			a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec 6-1950		
5. SEX F m		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov-3-1866	
9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months 1		11. UNDER 1 YEAR Days 3		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Asa Horne		13b. MOTHER'S MAIDEN NAME Sarah Abanathy		14. NAME OF HUSBAND OR WIFE Wm - Dodson - Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.W. Dodson Blue Springs Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia with Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 hours 493A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 5, 1950, to Dec 6, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 2:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Tuttle (Degree or title) M.D.				23b. ADDRESS Blue Springs Mo		23c. DATE SIGNED Dec 6, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec-8-1950		24c. NAME OF CEMETERY OR CREMATORY Blue Springs		24d. LOCATION (City, town, or county) (State) Blue Springs Mo	
DATE REC'D BY LOCAL REG. DEC. 8, 1950		REGISTRAR'S SIGNATURE Donald C. Emswiler 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

R. B. Webb

Signed _____

Student Embalmer

Licensed Embalmer No. 230-3

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.